

LREG

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

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STATE OF HARAS

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(1)po or 1	Title Clearly)		
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Hamasaki	Peter	J <b>.</b>	529-7300	
MAILING ADDRESS (Street)		FAX		
P. O. Box 2800			524~8293	
(City)	(State)	(Zip	Code)	
Honolulu	HI	96803-2	96803-2800	
EMPLOYING ORGANIZATION (	TELEPHONE			
McCorriston Miller	529-7300			
MAILING ADDRESS (Street)			FAX	
P. O. Box 2800			524-8293	
(City)	(State)	(Zip	Code)	
Honolulu	НІ	96803-28	00	
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PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBE	TELEPHONE	
AFLAC	(706) 596-3444	
MAILING ADDRESS (Street)	FAX	
1932 Wynnton Road	(706) 596–3444	
(City)	(State)	(Zip Code)
Columbus	GA .	31999
NAME OF PERSON RESPONSIBLE FOR F	REPARING ORGANIZATION'S EXPENDITURE	RES STATEMENT TELEPHONE
L. Allen Fuller, III		(706) 596-3444
MAILING ADDRESS (Street)		FAX
1932 Wynnton Road		(706) 596–3444
(City)	(State)	(Zip Code)
Columbus	GA	31999
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PART III DESCRIPTION O	F SUBJECTS UPON WHICH Y	OU EXPECT TO LOBBY				
Agriculture	Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
		:				
PART IV CERTIFICATION						
I hereby certify that the in	nformation furnished above is, to	o the best of my knowledge, con	•			
- Uld	LU.	11 Jan	2005°			
4	(Signature of Lobbyist)	(Date				
PART V AUTHORIZATION		:				
NAME	NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
L. Allen Fuller, III	Governmental F	Relations				
NAME OF ORGANIZATION (if applied	TELEP	HONE				
AFLAC	(706)	596-3444				

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(State)

GΑ

(Signature of Authorizing Officer or Person Represented)

FAX

(Zip Code)

31999

(706) 596-3908

MAILING ADDRESS (Street)

1932 Wynnton Road

(City)

Columbus